

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2014
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF PRAIRIE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208		
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S 000	INITIAL COMMENTS The following citations represent the findings of an Assisted Living/Residential Healthcare Licensure resurvey and Complaint Investigation 79718, 79514, 77864, 76697, 76640, 80086. .	S 000			
S 455 SS=D	28-39-152(m) DRUG THERAPY (m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure all of the following: (1) All drugs are administered by physicians, licensed nursing personnel, or other personnel who have completed a state-approved training program in drug administration. (2) A resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission. (3) Drugs are prepared and administered by the same person. (4) The resident is identified before administration of a drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug. This Requirement is not met as evidenced by: K.A.R. 28-39-152(m) The facility census totaled 90 resident with 6 residents sampled. Based on observation, record	S 455			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 455	<p>Continued From Page 1</p> <p>review, and interviews, the facility failed to provide pharmaceutical services (including administration of all drugs) to meet the needs of 1 of 3 sampled residents (#2).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #2's Functional Capacity Screen dated 12/1/14 documented facility staff would administer the resident's medications as ordered by the doctor. <p>The resident's health care service plan dated 9/9/14 documented the resident was unable to self-administer his/her medications. The facility's licensed or certified facility nursing team would administer the resident's medications.</p> <p>Review of the Medication Administration Record (MAR) for September 2014 documented the resident would receive Coumadin (a medication to thin blood) 4.5 milligrams (mg) daily. The resident did not receive the medication Coumadin as ordered from 9/5/14 to 9/23/14 for a total of 18 days. The facility staff called the doctor who then ordered Coumadin 5 mg on 9/22/14 and 9/23/14 then start Coumadin 2 mg daily on 9/24/14. Coumadin increased to 4 mg on 10/1/14. The MAR documented the resident was to receive Coumadin 3 mg daily after 10/5/14. The resident did not receive any Coumadin from 10/5/14 until 10/20/14.</p> <p>Review of the clinical record for September and October 2014 revealed the resident's PT (Prothrombin time-a blood test that measured the time it took for the liquid portion (plasma) of blood to clot) and INR (International Normalised Ratio-a laboratory measurement of how long it took for the blood to form a clot; used to determine the effects of oral anticoagulants on the clotting system)</p>	S 455			

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S 455	Continued From Page 2 varied from 9/2/14 with the PT at 33.6 seconds and the INR at 3.1 high (H) levels to low (L) levels on 9/8/14, 9/16/14, the lowest during this time on 9/22/14 with the PT at 10.6 seconds and the INR at 1.0, 9/29/14, 10/7/14, 10/13/14, 10/20/14, and then normal lab results on 10/27/14 with the PT at 27.3 seconds and the INR 2.5. On 12/14/14 at 9:20 A.M. direct care staff O obtained the resident's morning medications, crushed the medications, and placed them in applesauce. Direct care staff O stated the resident liked the medications in applesauce. On 12/3/14 at 4:15 P.M. licensed nursing staff H stated the resident missed several doses of the medication Coumadin. The facility staff made the doctor aware and adjusted the medication. On 12/4/14 at 10:30 A.M. administrative nursing staff D stated the facility staff failed to give the resident several doses of the medication Coumadin. The resident's doctor was made aware of the staff failing to give the resident his/her medications as ordered. The facility failed to provide a policy related to medication administration. The facility failed to provide this resident the physician ordered medication of Coumadin in September 2014 and October 2014.	S 455			
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems.	S3420			

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S3420	<p>Continued From Page 3</p> <p>(A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC.</p> <p>(B) Each apartment or individual living unit shall allow the resident to control the temperature.</p> <p>(2) Plumbing and piping systems.</p> <p>(A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.</p> <p>(B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas.</p> <p>(3) Electrical requirements.</p> <p>(A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting.</p> <p>(B) Minimum lighting intensity levels shall be as required in Table 1.</p> <p>(C) Each corridor and stairway shall remain lighted at all times.</p> <p>(D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.</p> <p>This Requirement is not met as evidenced by: K.A.R. 28-39-256(c)2(B) The facility census totaled 90 residents. Based on observation, record review, and interviews, the</p>	S3420			

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S3420	<p>Continued From Page 4</p> <p>facility failed to maintain water temperatures in an appropriate range in the areas where 65 resident resided.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 12/3/14 at 8:00 A.M. the water temperature on the third floor dining room measured 132.4 degrees Fahrenheit. The water temperature on the third floor living room measured 136 degrees Fahrenheit. The water temperature on the third floor shower room measured 131.3 degrees Fahrenheit. On 12/3/14 at 8:30 A.M. the water temperature on the third floor was checked at this time with maintenance staff X and revealed the dining room measured 133.7 degrees Fahrenheit, the living room measured 139.6 degrees Fahrenheit, and the shower room measured 131.4 degrees Fahrenheit. On 12/3/14 at 8:30 A.M. maintenance staff X stated the water temperature should measure between 105 degrees Fahrenheit and 120 degrees Fahrenheit. Maintenance staff X stated he/she checked random rooms daily when he/she worked. He/she turned off the hot water to the assisted living units at this time. Review of the maintenance water temperature logs lacked water temperature since November 26, 2014 which was 7 days prior. On 12/4/14 at 4:00 P.M. maintenance staff Y stated the mixing valve was not functioning and an outside plumbing company would turn the water off this evening to repair the mixing valve. The 1/1/06 revised facility policy "Water Temperature Testing Policy" instructed the 	S3420			

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S3420	Continued From Page 5 maintenance department to perform water temperature tests 365 days per year. Staff members must test water temperatures on weekends, vacation time, sick time, and all other times needed. The facility failed to monitor water temperatures to maintain appropriate water temperature to all areas of the assisted living units the residents had access to.	S3420			
S5395 SS=F	28-39-432 Emergency Preparedness (c) Each facility shall ensure disaster and emergency preparedness by performing the following: (1) Orienting new employees and residents at the time of the employment or new residency to the facility's emergency management plan; (2) periodically reviewing the plan with employees and residents; and (3) every three months, conducting an emergency drill with staff and residents that includes evacuation of the building. This Requirement is not met as evidenced by: K.A.R. 28-39-432(c)(3) The facility census totaled 90 residents. Based on observation, record review, and interviews, the facility failed to conduct an emergency drill with staff and residents to include evacuation of the building. Findings included: - On 12/4/14 at 10:00 A.M. administrative staff A stated the facility's last documented evacuation drill was March 2013. He/she was unable to locate	S5395			

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S5395	Continued From Page 6 any other documentation related to an evacuation drill. He/she stated the facility performed a fire drill on 11/24/14. No facility policy was provided related to emergency drills with evacuation of the building. The facility failed to conduct an emergency evacuation drill for facility staff and residents.	S5395			

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